PRINTED: 09/25/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 09G166 B WING 09/07/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE D C HEALTH CARE WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 A recertification survey was conducted from 09/05/18 through 09/07/18. A sample of three clients were selected from a population of six males. This survey was conducted utilizing the focused fundamental survey process. The findings of the survey were based on observations, interviews and review of client and administrative records. Note: The below are abbreviations that may appear throughout the body of this report. HM - House Manager HRC - Human Rights Committee mg - milligram QIDP - Qualified Intellectual Disabilities **Professional** W 262 PROGRAM MONITORING & CHANGE W 262 CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the specially constituted committee reviewed and

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

approved sedation administered prior to appointments, for one (1) of six (6) clients

residing in the facility (Client #1).

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Findings included:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		1	PLE CONSTRUCTION G	(X3) DA	TE SURVEY MPLETED
		09G166	B. WING _		09	/07/2018
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	70772010
D C HEA	ALTH CARE			WASHINGTON, DC 20012		
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W 262	Continued From pa	ge 1	W 262	2		
	10:01 AM, the QIDF received radiation to At 2:10 PM, Client # facility's living room PM, Client #1 contine HM said that the clies asked if Client #1 reappointment, the HI	e conference on 09/05/18 at 2 stated that Client #1 herapy five (5) days per week. #1 was observed in the , sleeping on the sofa. At 3:00 nued to sleep on the sofa. The ent was "probably still tion that morning. When eceived sedation for the M replied, "Every morning e gets sedation here."		An in-service training was complet QIDP on 09/08/18 by Program Ma regarding Policy & Procedure for s restrictive treatment and approval. QIDP/QA will ensure that all approobtained prior to procedures. All a will be discussed quarterly during I reviews. (Please see Attachment "A")	nager edation, DCHC vals are approvals	9/8/2018
	showed a consent fradiation treatment a minutes prior to radi showed that the HR treatment. The reco that the HRC had approximately approximat	of Client #1's medical record from the client's guardian for and 2 mg of Ativan 90 ation. The record also C had approved radiation rd, however, failed to show oproved the use of sedation appointments for radiation				
	meeting to discuss of treatment. The seda meeting because it would be able to tole further stated that Coltreatment, but "the nidone without being nisaid that he believed radiation treatment without treatment without treatment without treatment without treatment without sediation treatment without treatment with treatment without treatment without treatment with treatment without treatme	tion was not discussed in the was assumed that the client erate the radiation. The QIDP ient #1 tolerated the first ext treatments could not be nedicated." The QIDP further the guardian's consent for was sufficient as consent for IRC had already approved				
1		, the facility failed to ensure tment was approved prior to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G166	B. WING		09/07/2018	
NAME OF P	ROVIDER OR SUPPLIER		ST	FREET ADDRESS, CITY, STATE, ZIP CODE	00,0,72010	
D C HEAL	TH CARE		W	ASHINGTON, DC 20012		
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		HFD03-0204	B. WING		09/	07/2018	
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C HEA	ALTH CARE	WASHIN	GTON, DC 20	012			
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1000	to 09/07/18. A sam selected from a pop. The findings of the s	was conducted from 09/05/18 ple of three residents was pulation of six males. Survey were based on iews, and reviews of resident ecords.	1000				

STATE FORM

D.C.H.C

If continuation sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G166	B. WING		00	/07/2018	
NAME OF	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 03	10112016	
D C HEA	ALTH CARE		W	ASHINGTON, DC 20012			
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E 000	Initial Comments		E 000				
	An emergency preconducted from 09/	paredness survey was 05/18 through 09/07/18.					
	The findings of the survey were based on interviews and review of the emergency preparedness program.						
		re abbreviations that may the body of this report.					
	EPP -Emergency Pi	reparedness Leader reparedness Plan					
E 037	EP Training Program CFR(s): 483.475(d)	n (1)	E 037	°e			
	ASCs, PACE organi	n. The [facility, except CAHs, zations, PRTFs, Hospices, s] must do all of the following:					
	policies and procedu staff, individuals pro- arrangement, and vo	mergency preparedness ares to all new and existing viding services under olunteers, consistent with their					
	least annually.	cy preparedness training at					
	(iv) Demonstrate sta procedures.	entation of the training. ff knowledge of emergency					
	at §491.12:] (1) Trair or RHC/FQHC] must	82.15(d) and RHCs/FQHCs ning program. The [Hospital to do all of the following:					
i I	policies and procedu staff, individuals prov	mergency preparedness res to all new and existing riding on-site services under slunteers, consistent with their					
		R/SUPPLIER REPRESENTATIVE'S SIGNA	TUBE	TITLÉ		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	least annually. (iii) Maintain docum (iv) Demonstrate structures. *[For Hospices at § hospice must do all (i) Initial training in a policies and proced hospice employees, services under arrai expected roles. (ii) Demonstrate star procedures. (iii) Provide emerge least annually. (iv) Periodically revidemergency prepared employees (includin special emphasis plantocedures necessary)	entation of the training at entation of the training. aff knowledge of emergency 418.113(d):] (1) Training. The of the following: emergency preparedness ures to all new and existing and individuals providing and individuals providing angement, consistent with their off knowledge of emergency and preparedness training at ew and rehearse its dness plan with hospice g nonemployee staff), with acced on carrying out the ary to protect patients and	E 037			
	program. The PRTF (i) Initial training in e policies and procedu staff, individuals pro- arrangement, and vo expected roles. (ii) After initial trainin preparedness trainin (iii) Demonstrate sta procedures.	ff knowledge of emergency				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
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E 037	Continued From particle *[For PACE at §460	ge 2 .84(d):] (1) The PACE	E 03	7			
	(i) Initial training in e policies and proced	o all of the following: emergency preparedness ures to all new and existing viding on-site services under					
	arrangement, contra volunteers, consiste (ii) Provide emerger	actors, participants, and int with their expected roles.					
	procedures, includin	off knowledge of emergency g informing participants of					
	case of an emergen	go, and whom to contact in cy. entation of all training.					
	CORF must do all of (i) Provide initial train preparedness policie and existing staff, inc	ning in emergency es and procedures to all new dividuals providing services					
	with their expected re (ii) Provide emergen	and volunteers, consistent oles. cy preparedness training at		,			
Y	(iv) Demonstrate sta procedures. All new	entation of the training. If knowledge of emergency personnel must be oriented c responsibilities regarding					
	the CORF's emerger their first workday. T include instruction in	ncy plan within 2 weeks of the training program must the location and use of ignals and firefighting					
	The CAH must do all	625(d):] (1) Training program. of the following: nergency preparedness					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE VAID DEFICIENCY WILLIAM REGULATORY OR LISC INDENTIFY IN MINORMATION PREFIX TAG PROVIDERS PLAN TO CORRECTION	CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES	OMB NO. 093				
MANE OF PROVIDER OR SUPPLIER D.C. HEALTH CARE (M.1) D. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION). E. 037 Continued From page 3 policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (II) Provide emergency preparedness training at least annually. (III) Maintain documentation of the training. (IV) Demonstrate staff knowledge of emergency preparedness policies and procedures to all new and existing services under arrangement, and volunteers, consistent with their expected roles. "[For CMHCs at §485.920(d);] (1) Training. The CMHC must demonstrate staff knowledge of emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must demonstrate staff knowledge of emergency procedures to all new and existing stems and a least annually. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to document the provision of initial training in emergency preparedness braining at least annually. This grand and the facility (Clients #1, 2, 3, 4, 5 and 6). Findings included: On 09/7/18 beginning at 9:30 AM, the facility's								
DC HEALTH CARE (XI) ID PROVIDER OR SUPPLIER			09G166	B, WING		09/	07/2018	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL. TAG) REGULATORY OR LSC IDENTIFYING INFORMATION) E 037 Continued From page 3 policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency preparedness policies and procedures to all new and existing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training are repeated procedures. The cMHC must demonstrate staff knowledge of emergency procedures. The cMHC must demonstrate staff knowledge of emergency procedures. The cMHC must provide emergency preparedness training at least annually. This STANDARD is not met as evidenced by: Based on interview and record review, the facility falled to document the provision of initial training in emergency preparedness policies and procedures to all new and existing staff, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5 and 6). Findings included: On 09/7/18 beginning at 9:30 AM, the facility's	NAME OF	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 001	0172010	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LSC IDENTIFYING INFORMATION E 037 Continued From page 3 policies and procedures, including prompt reporting and exitinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals provider of loss, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to document the provision of initial training in emergency preparedness policies and procedures. Thereafter, the CMHC must provide emergency preparedness policies and procedures to all new and existing staff, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5 and 6). Findings included: On 09/7/18 beginning at 9:30 AM, the facility's	D,C HEA	ALTH CARE		W	ASHINGTON, DC 20012			
policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to document the provision of initial training in emergency preparedness spolicies and procedures to all new and existing staff, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5 and 6). Findings included: On 09/7/18 beginning at 9:30 AM, the facility's	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETION	
		policies and proced reporting and exting and where necessary personnel, and gue cooperation with fin authorities, to all neindividuals providing and volunteers, corroles. (ii) Provide emergenteast annually. (iii) Maintain docum (iv) Demonstrate staprocedures. *[For CMHCs at §48 CMHC must provide preparedness policinand existing staff, in under arrangement, with their expected in documentation of the demonstrate staff knocedures. There are mergency prepared annually. This STANDARD is Based on interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to document the interview failed to documen	dures, including prompt guishing of fires, protection, ary, evacuation of patients, ests, fire prevention, and efighting and disaster ew and existing staff, g services under arrangement, esistent with their expected and preparedness training at entation of the training. The emittal training in emergency es and procedures to all new dividuals providing services and volunteers, consistent roles, and maintain e training. The CMHC must provide diness training at least and record review, the facility he provision of initial training redness policies and wand existing staff, for six of a the facility (Clients #1, 2, 3, and g at 9:30 AM, the facility's	E 037				

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E 037	in-service training s 11/28/17 and 11/29. "Emergency Preparevidence that two s worked the weeken 6:30 AM) received to According to the factories preparedness policy comprehensive trainer emergency planning procedures and policy assigned duties. Perexercises will be conprehensive trainer entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the entry in the ent	signature sheets dated /17 which were entitled, redness Plan" showed no taff (DSPs #7 and 8) who id overnight shift (6:30 PM - training. cility's emergency y, "All staff will be given ning on the overall scope of g and specific training on icies that are important to their riodic training, drills and inducted to maintain staff inergency plan and its idures." PM, the EPL stated that DSPs we received initial EPP as not able to provide ning. arvey, there was no evidence at the facility received initial regency preparedness plan,	E 037	An in-service training was compall staff on 09/09/18 by Program on Emergency Preparedness P Procedures. DCHC PM/QA will bi-annual training to ensure conwith all staff. (Please see Attachment "B")	n Manager olicy and conduct	09/09/18	